

Harm Reduction: The Basics

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction utilizes a wide range of techniques (e.g. safer use, managed use, or abstinence) to meet drug users “where they’re at.” The goal of harm reduction is to address the conditions of use, as well as the use itself. Harm reduction demands that interventions and policies designed to reflect specific individual and community needs. The right harm reduction approach may vary from client to client or community to community.

Harm Reduction in Practice

Harm reduction is a targeted approach that focuses on reducing the frequency of specific risks and corresponding harms. Individuals seeking to implement harm reduction should ask themselves:

- **What are the specific risks and harms associated with the use of specific psychoactive drugs?**
- **What causes those risks and harms?**
- **What can be done to reduce these risks and harms?**

Successful implementations of harm reduction approaches address the causes of risks and harms. Harm reduction interventions must also take into account factors, which may render people who use drugs particularly vulnerable, such as age, gender and incarceration history.

Harm Reduction Fast Facts

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and wellbeing—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.

—*Harm Reduction Coalition*

Education VS. Counseling: Education is Not Enough

Education	Counseling
Can increase knowledge, but does not effect emotional relationship to new information.	Increases person's 'felt understanding' including perceived seriousness and perceived susceptibility (or risk of) condition
Purely cognitive intervention.	Acknowledges feelings, attitudes, values, and beliefs.
Usually one-directional: educator provides information to client.	A dialogue between client and provider that includes the client providing information on feelings, behaviors, and relationships.

Behavior Change Is Determined By "Felt Understanding"

1. Perceived seriousness (or severity, consequences) of condition.
2. Perceived susceptibility to (or risk of) condition.
3. Knowledge, attitudes, and beliefs about condition.
4. Perceived and actual social norms related to the behavior (influence of peers, family, cultural and religious norms).
5. Belief in one's ability to carry out a specific behavior.
6. Skills required for implementing the behavioral change.
7. Understanding of barriers and facilitators to intended change.
8. Perceived and actual cost (financial or personal).
9. Access to services or support.
10. Power dynamics within relationships, including distribution of power between partners.